Saskatchewan Influenza Immunization Policy

2024-25

Saskatchewan

Table of Contents

DISCLAIMER

Content within the *Saskatchewan Influenza Immunization Policy* ('SIIP') is presented for health sector purposes only. The SIIP is subject to change and the Government of Saskatchewan reserves the right to update the content. It is important that the most current annual version of the SIIP is being used by immunizers administering publicly funded influenza (flu) vaccines.

- All providers of publicly funded flu vaccine are responsible for reviewing the SIIP and other influenza-related materials prior to the start of the flu vaccine administration season.

The SIIP is presented with the intent that it is readily available for non-commercial, informational use by health care providers involved in the distribution and administration of publicly funded flu vaccine and is not intended for the public. Except where prohibited, the SIIP may be reproduced, in part or in whole and by any means without charge or further permission from the Government of Saskatchewan, if users exercise due diligence in identifying the SIIP and the Government of Saskatchewan as the source.

ACRONYMS

AHA	Athabasca Health Authority	ORS	Oculorespiratory Syndrome
AEFI	Adverse Events Following Immunization	PHB	Population Health Branch
CCB	Cold Chain Break	PIP	Pharmaceutical Information Program
CMHO	Chief Medical Health Officer	POS	Point of Service (documentation)
CQE	COVID Quick Entry database	PVD	Provincial Vaccine Depot
DPEBB	Drug Plan and Extended Benefits Branch	PWD	Pharmacy Wholesale Distributor
eHR	Electronic health record	PSPC	Public Services and Procurement Canada
FNJ	First Nations Jurisdiction	QIV	Quadrivalent influenza vaccine
GBS	Guillain-Barré Syndrome	RRPL	Roy Romanow Provincial Laboratory
HSN	Health Services Number	SHA	Saskatchewan Health Authority
HCW	Healthcare Worker	SIIP	Saskatchewan Influenza Immunization Policy
LTC	Long-term Care	SIM	Saskatchewan Immunization Manual
MHO	Medical Health Officer	VSWG	Vaccine Supply Working Group
NACI	National Advisory Committee on Immunization		

DEFINITIONS

Client	Individuals six months of age and older who are eligible for publicly funded flu vaccine.
Cold Chain Management	The process that maintains optimal temperature and light conditions during the transport, storage, and handling of vaccines. This starts at the manufacturer and ends with the administration of the vaccine to the client.
Congregate Living Settings	Congregate Living Settings are defined as for profit or not-for-profit public or privately owned buildings (e.g., which house residents who may have mobility, accessibility and/or cognitive challenges). They may or may not be licensed by the Government of Saskatchewan. These settings do not receive contracted or ongoing services from public health or other AHA, SHA, or FNJs health practitioners, and have no operational affiliation to the AHA, SHA, or FNJ (i.e. are not an AHA, SHA, FNJ or Affiliate facility). Examples of congregate living settings include assisted living/seniors independent housing and group homes.
Group homes	Residences where staff ensure that the physical, emotional, and social needs of people with intellectual disabilities are met and that they are able to live as independently as possible within their own communities. Personal care, supervision, and support for adults is provided. They are located in residential neighbourhoods throughout the province.
First Nations Jurisdictions	Includes the communities and organizations affiliated with First Nations and Inuit Health Branch and the Northern Inter-Tribal Health Authority.
Healthcare worker	For statistical purposes only, HCWs are those employed by the SHA, AHA, and FNJ facilities or affiliated facilities and does not include volunteers, students or physicians.
Health Services Number	The unique identifier assigned by Saskatchewan Health for identification within Saskatchewan's health system. A HSN is assigned to a person upon registration and presumes eligibility for basic health services as defined by Saskatchewan Health.
Home visits	The intent of off-site home visits is to provide enhanced accessibility to those patients at high-risk of influenza-related complications and who may have mobility issues or cognitive deficits.
Long-term care facility	A facility that provides LTC services to meet the needs of individuals, usually with heavy care needs (level three and four), that cannot be met through home-based/community services. The SHA may operate a special-care home-LTC facility directly or through affiliation/contract. LTC services may include adult day programs, night programs, respite, and rehabilitative, convalescent and palliative care.

Mass Immunization Clinic	Mass immunization involves delivering immunizations to a large number of people at one or more locations in a short interval of time. Good mass immunization programs apply planning and quality standards that maximize return on resources invested and provide the greatest individual benefits when immunizing many people in a short period of time. These programs can be used to counter contagious outbreaks, adopted as a repeated means of sustained healthcare delivery, or applied where many people move through a specific place in a short interval of time. Relevant quality standards address appropriate facilities and supplies, training of professional and paraprofessional staff, education of potential vaccinees and methods to screen them for contraindications to immunization, safeguards against anaphylaxis and syncope, documentation, safety surveillance, and a quality-improvement program. Successful mass immunization programs require early planning that builds on existing competencies. These clinics may be drop-in or by appointment only.
Panorama	The electronic integrated public health information system utilized by AHA and SHA public health providers and community nursing providers in some FNJs.
Panorama Immunization Module	A module within Panorama that provides a record of all immunizations administered by public health. It serves as the electronic registry for immunization in Saskatchewan.
Panorama Inventory Module	A module within Panorama that tracks publicly funded vaccine use and availability. It supports management of vaccine ordering, shipping, receiving, and reconciliation.
Personal care homes (PCH)	Privately owned and operated facilities that offer accommodation, meals and supervision or assistance with personal care to people who generally do not need or do not want the level of health services provided in publicly subsidized special-care homes. It is the combination of providing both accommodation and care that makes a facility a PCH.
Pharmaceutical Information Program (PIP)	A secure computer application that provides health care providers with information regarding prescriptions dispensed in Saskatchewan community pharmacies.
Pharmacy Wholesale Distributors	A pharmacy wholesale distributor that has an agreement with the Saskatchewan Ministry of Health for the distribution of publicly funded flu vaccine to pharmacists.
Privately Purchased Influenza Vaccine	Flu vaccine purchased by pharmacies or prescribed by a pharmacist, physician, registered nurse (RN), or nurse practitioner (RN(NP)) and paid for by the client.
Provincial Vaccine Depot	The provincial vaccine depot is housed in the RRPL. Publicly funded flu vaccine is received through the RRPL Provincial Vaccine Depot for further distribution across Saskatchewan.
Saskatchewan Influenza Immunization Program	The publicly funded seasonal flu program delivered via the SIIP until April the following year.
Saskatchewan Immunization Manual	The primary immunization resource for public health personnel, the SIM provides evidence-based and standardized immunization-related information.
Vaccine Provider	A licensed healthcare provider to whom provision of vaccine is permitted by legislation governing that provider, is in compliance with the SIIP, and meets one of the following criteria: • designated by the SHA, AHA and FNJs, and their affiliates, to provide flu vaccine services • physicians and physician assistants • nurse practitioners • a community pharmacist (Note: the ministerial order for pharmacy students and pharmacy technicians has been extended until March 31, 2025).

INFORMATION FOR THE 2024-2025 INFLUENZA SEASON

- **October 15, 2024,** is the formal start date for all providers and mass public health clinics, providing that vaccine is available.
  - **However:** Vaccine providers may **only** immunize **high risk individuals** (i.e., children 6 months to five years old, LTC and PCH residents, immune compromised individuals and those 65+ who have significant risk factors) before the formal start date. **All other individuals should be immunized upon the formal start date.**
- Program planning should consider vaccine accessibility for groups for whom influenza vaccination is particularly recommended including people at high risk of severe disease or capable of transmitting influenza to those at high risk. See **Table 1** for a complete list.
- Booked client appointments help to manage vaccine and immunization supplies and staffing requirements.

Publicly Funded Influenza Vaccines (refer to Appendix 1):

- Six months and older
  - FLUZONE® Quadrivalent and FluLaval Tetra® quadrivalent multidose vials for public health within the SHA, the AHA and FNJs and other immunizers (excludes community pharmacists).
  - FLUZONE® Quadrivalent thimerosal-free pre-filled syringes for public health within the SHA, the AHA and FNJs.
- Five years and older
  - AFLURIA® TETRA quadrivalent multidose vials primarily for pharmacists, and select larger public health offices if required.
- 65 years and older
  - FLUZONE® High Dose Quadrivalent prefilled syringes for all immunizers.

Reporting and Documentation Requirements:

- **Two separate influenza vaccine agents are noted in Panorama, CQE and Convergence: Inf and InfHD (for 65+ years only).**
- Timely and accurate inventory and dose administrative reporting is important and should be prioritized to ensure provincial vaccine supply remains sufficient to meet public demand.
- Direct clients to MySaskHealthRecord for their immunization record. Wallet cards may be provided to clients upon their request.
- Community pharmacy flu immunizations that are captured in the DPEBB claims system are transmitted to Panorama on a daily basis.
- Flu vaccine administered by SHA immunizers to a person of any age must be entered into the client's record within the Panorama Immunization Module or CQE. The SHA will back enter influenza vaccine administered by SHA employees or contracted immunizers who do not have access to Panorama or CQE.
- LTC facility immunizations to residents are captured in Convergence and migrated to Panorama. **This includes influenza doses provided by public health nurses assisting with immunization in LTC facilities.**
- All other non-SHA employed/non public health vaccine providers are required to report immunization details for people of all ages to eHealth Services for back-entry into Panorama; see ***Section 12: Client Record Documentation Requirements*** for specific details. Publicly funded influenza vaccines entered into Panorama must identify the provider type (e.g., public health, physician, RN/NP) (see **Appendix 12**).

Vaccine Inventory

SHA, AHA and FNJs

- From September 30, 2024 to December 31, 2024, weekly flu vaccine counts for the previous Sunday to Saturday period are required to be reconciled in the Panorama Inventory Module by noon the following Tuesday.
- From January 1, 2025 to March 31, 2025, monthly vaccine counts are required on the first Tuesday of each month.

- Timelines and frequency for vaccine inventory monitoring are subject to change by the Ministry of Health. More frequent inventory monitoring may be required.
- The SHA, AHA and FNJs must ensure that staff members are appropriately trained and compliant with ensuring the Panorama Inventory Module is up to date as per timelines outlined above.
- The 'pick/pack/ship' function of Panorama is utilized to move vaccines in/out of vaccine inventories so that vaccine counts remain accurate.

Wholesale Distributers and Pharmacies

- **For wholesaler distributers:**
  - From September 30, 2024, to December 31, 2024, weekly flu vaccine counts for the previous Sunday to Saturday period are required to be emailed to the ministry by noon the following Tuesday.
  - From January 1, 2025, to March 31, 2025, monthly vaccine counts are required by noon on the first Tuesday of each month.
- **For pharmacies:** The inventory reporting process is coordinated by the DPEBB using weekly reports from the wholesalers for the quantity of vaccine ordered and shipped to pharmacies, and from the DPEBB claims database.

1. PURPOSE

Influenza is a vaccine-preventable disease. Influenza immunization is a critical public health service and available for anyone six months of age and older who does not have a contraindication to the vaccine The provincial goal is to protect targeted populations such as the elderly, the young children, pregnant women and those living with chronic or immune-compromising conditions who are particularly vulnerable to influenza and related complications.

Objectives:

1. Provide access to publicly funded flu vaccine for Saskatchewan residents.
2. Reduce the incidence and impact of influenza disease in Saskatchewan.

All vaccine providers must work together to implement the SIIP. Collaboration, coordination, and communication among immunizers during all phases of the program (from vaccine distribution to front line administration to reporting of wastage) strengthen Saskatchewan's capacity to reduce the impact of influenza disease and contribute to the health and well-being of Saskatchewan residents.

2. LEGISLATIVE AUTHORITY

The SIIP is an established immunization policy of the Saskatchewan Ministry of Health.

3. NATIONAL RECOMMENDATIONS

- NACI produces an annual influenza statement that contains specific information and recommendations regarding the licensed vaccines for the forthcoming season https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-seasonal-influenza-vaccine-2024-2025.html.
- The Ministry of Health references the NACI recommendations to inform annual planning and makes final policy recommendations with consideration to Saskatchewan's context.

4. INFLUENZA PROGRAM DATES

- October 15, 2024, is the formal start date for all providers and mass public health clinics, providing that vaccine is available.
  - **However:** Vaccine providers may **only** immunize **high risk individuals** (i.e., children six months to five years old, LTC and PCH residents, immune compromised individuals and those 65+ who have significant risk factors) before the formal start date. **All other individuals should be immunized upon the formal start date.**
- Vaccine providers should schedule the administration of influenza vaccine with the priority groups being those at high-risk of influenza-related complications.
- An extension to the flu vaccine administration season may be established by the CMHO in the event of increased disease presence or severe morbidity with influenza disease.

5. CLIENT ELIGIBILITY

- Individuals six months of age and older who do not have contraindications are eligible to receive publicly funded flu vaccine (**see Table 1**).
- Publicly funded vaccines are not provided for private company/business employee health programs. Exceptions may be considered in consultation with the Saskatchewan Ministry of Health in the event of possible increased disease presence or severe morbidity related to influenza.
- It is expected that vaccine providers confirm client eligibility to receive vaccine prior to administration. Confirmation may be obtained by interviewing the client, reviewing the client's paper documentation and/or record within Panorama, the PIP and the eHR Viewer.

Table 1: Populations for Whom Influenza Vaccination is Particularly Recommended

The following people are highly recommended to receive an annual flu vaccine to reduce the incidence and burden of influenza disease and related health complications:

- HCWs, health care students, emergency response workers, visitors, and volunteers who, through their activities, are capable of transmitting influenza to those at high-risk of influenza complications in independent practices, facilities, residences, and community settings.
- Adults and children ≥6 months with a chronic health condition, including but not limited to:
  - Cardiac or pulmonary disorders (including bronchopulmonary dysplasia, cystic fibrosis, and asthma);
  - Diabetes mellitus and other metabolic diseases;
  - Cancer and other immune-compromising conditions (due to underlying disease, therapy or both);
  - Renal disease;
  - Anemia or hemoglobinopathies;
  - Neurologic or neurodevelopmental disorders and seizure disorders (and for children include febrile seizures and isolated developmental delay) but excludes migraine and psychiatric conditions without neurological conditions;
  - Morbid obesity (adults BMI ≥ 40, child BMI assessed as ≥ 95th percentile adjusted for sex and age).
- Children and adolescents (six months up to and including 17 years old undergoing treatment for long periods with acetylsalicylic acid because of the potential increase of Reye syndrome associated with influenza.
- Pregnant individuals.
- People of any age who are residents of personal care homes, LTC facilities and other chronic care facilities.
- People 65+ years of age
- Children six to 59 months of age (younger than five years old).
- Indigenous peoples.
- Shelter residents and those who are street involved.
- Visitors to health care facilities and other patient care locations.
- Household and close contacts of individuals at high-risk of influenza-related complications whether or not the individual at high-risk has been immunized.
- Household and close contacts of infants younger than six months of age.
- Members of households who are expecting a newborn during the influenza season.
- Those providing regular childcare to children ≤ 59 months of age, whether in or out of the home.
- Those who provide services within closed or relatively closed settings to persons at high-risk.
- People who provide essential community services (e.g., provincial corrections staff who have direct contact with inmates).
- People in direct contact during culling operations with poultry and swine infected with avian influenza.
- People working with live or dead poultry or swine.
- Health sciences students (human and animal health).
- Travellers – influenza occurs year-round in the tropics. In temperate northern and southern countries, influenza activity peaks generally during the winter season (November to March in the Northern Hemisphere and April to October in the Southern Hemisphere).

6. EDUCATION/TRAINING

Vaccine Information

- FLUZONE® High Dose Quadrivalent, FLUZONE® Quadrivalent, FluLaval® Tetra, Quadrivalent and AFLURIA TETRA® contain the following viral strains:
  - an A/Victoria/4897/2022 (H1N1)pdm09-like virus;
  - an A/Thailand/8/2022 (H3N2)-like virus;
  - a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
  - a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.
- FLUZONE ® Quadrivalent thimerosal-free pre-filled syringes are prioritized for people who self-identify as having a diagnosed thimerosal allergy (documentation is not required). It may be administered to others who request it. It is only available to public health; other vaccine providers should refer clients requesting thimerosal-free vaccine to public health for administration.
- Influenza vaccines may be given concomitantly with any other vaccine.
- The Ministry of Health does not reimburse the cost of privately-purchased flu vaccines even if recommended to a client by a healthcare professional.
- See ***Appendix 1: 2024-25 Publicly Funded Influenza Vaccines*** for vaccine specific information.
- The doses and dosages required per age are noted in **Table 2**.
- Additional flu vaccine resources:
  - *Saskatchewan Immunization Manual*: https://www.ehealthsask.ca/services/Manuals/Pages/SIM.aspx
  - Saskatchewan Influenza Fact Sheets: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services/immunization-forms-and-fact-sheets
  - The NACI 2024-25 influenza vaccine statement: https://www.canada.ca/en/public-health/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-seasonal-influenza-vaccine-2024-2025.html

Screening, Precautions and Contraindications

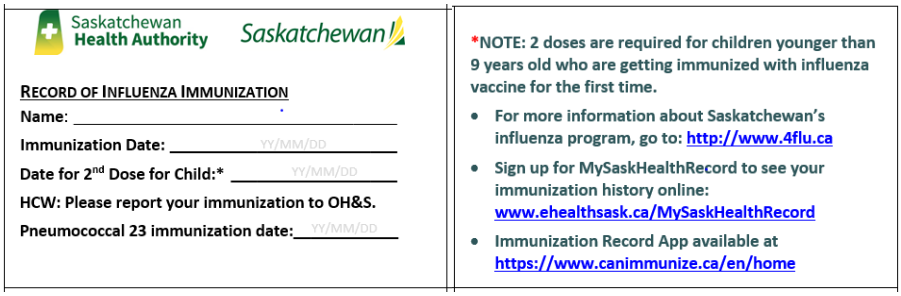
- Persons who had an anaphylactic reaction to a previous flu vaccine dose or to any of the components in a specific vaccine (with the exception of egg), or who developed Guillain-Barré Syndrome (GBS) within 6 weeks of a live or inactivated flu vaccination, should not receive further doses of any flu vaccines.
- Influenza vaccination should not be delayed because of minor or moderate acute illness, with or without fever. However, this statement is noted on the flu vaccine fact sheets: *Do not attend a public immunization clinic if you have any new or worsening respiratory symptoms (fever, cough, sore throat, runny nose).*
- As with all vaccine administration, immunizers must have the necessary equipment and medications to be prepared to respond to a vaccine emergency at all times.
- Egg-allergic individuals can receive a full dose of an injectable flu vaccine without prior flu vaccine skin testing, including those who have experienced anaphylaxis due to egg ingestion, as a routine practice that is supported by NACI.
- Oculorespiratory syndrome (ORS) is the presence of bilateral red eyes and 1 or more associated respiratory symptoms (cough, wheeze, chest tightness, difficulty breathing, difficulty swallowing, hoarseness, or sore throat) that starts within 24 hours of vaccination, with or without facial oedema. Since then, there have been far fewer cases per year reported. ORS is not an allergic response. People who have an occurrence or recurrence of ORS upon vaccination do not necessarily experience further episodes with future vaccinations. Individuals who have experienced ORS without lower respiratory tract symptoms may be safely revaccinated with influenza vaccine. Individuals who experienced ORS with lower respiratory tract symptoms should have an expert review. Health care providers who are unsure whether an individual previously experienced ORS versus an immunoglobulin E (IgE) mediated hypersensitivity immune response should seek advice. Data on clinically significant AEs do not support

the preference of 1 vaccine product over another when revaccinating those who have previously experienced ORS. Data on clinically significant adverse events do not support the preference of one vaccine product over another when revaccinating those who have previously experienced severe ORS.

Consent for Immunization

- All immunizations in Saskatchewan are voluntary. The provincial immunization fact sheets must be made available to clients to provide their informed consent for immunization.
- English and French influenza fact sheets are posted: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services/immunization-forms-and-fact-sheets
- For guidelines to obtain informed consent, refer to the *Saskatchewan Immunization Manual*, Chapter 3 Informed Consent.
- Immunization providers should discuss with clients:
  - Flu vaccine is safe and well-tolerated.
  - The benefits and risks of the flu vaccine, as well as the risks of not being immunized.
  - Vaccination is the most effective way to prevent influenza and the spread of influenza viruses.
  - Each year there are new flu vaccine formulations to protect against the influenza virus strains that are expected in the coming influenza season. Even if the strains have not changed, getting the flu vaccine every year is necessary to maximize protection.
- All individuals must be screened and assessed for contraindications and precautions prior to immunization.
- Post-immunization, inform individuals that they will be able to view their immunization record in MySaskHealthRecord.
- **If requested by the client,** provide a *Ministry of Health Record of Influenza Immunization Wallet Card* bearing the client's name and date of immunization.

Picture 1: Ministry of Health Record of Influenza Immunization Wallet Card



- *Record of Influenza Immunization* wallet cards may be provided by the SHA, AHA and FNJ public health to other vaccine providers who obtain their vaccine supply from public health. Community pharmacies can order these wallets cards free of charge through the Ministry of Health's Publication Centre at https://publications.saskatchewan.ca/#/products/82513.

7. VACCINE SUPPLY, DISTRIBUTION AND INVENTORY

- The Ministry of Health purchases flu vaccine through a national procurement process.
- The Provincial Vaccine Depot (PVD) ships flu vaccine to the SHA, FNJ and AHA vaccine depots for further distribution to all public program vaccine providers, excluding community pharmacists. Vaccine orders are placed using the Inventory Module.
- The PVD distributes vaccine throughout the influenza season, balancing immunization provider demand for vaccine with vaccine supply and availability.
- Shoppers Drug Mart Matrix (Calgary), McKesson Canada (Edmonton and Winnipeg), and Kohl and Frisch will receive direct shipment from the vendors for distribution to community pharmacies.

Allocation for Vaccine Providers

The provincial allocation plan supports vaccine providers in planning for the influenza season with a focus on early uptake in the season. The Ministry of Health will have an unallocated reserve to provide additional support to areas where significant uptake and/or need occurs. The Ministry may also reallocate vaccine from the original allocations as of December 1, 2024, depending on immunization provider supply needs throughout the influenza season.

Pharmacies

- The *Vaccine Provider Application Form* and the PHARMACY *Vaccine Storage and Handling Checklist* must be completed by each participating pharmacy and submitted to the Ministry for review before they can receive publicly funded flu vaccine.
- **The maximum daily order limits are**: 70 doses for standard dose QIV and 50 doses for high-dose QIV. **Order quantities are subject to change based on flu vaccine availability at the wholesalers.**
- Requests for exceptions to the ordering thresholds may be considered by contacting the Saskatchewan Ministry of Health DPEBB at DPEBImmunizations@health.gov.sk.ca**.**
- **Pharmacies are not permitted to share/provide/receive flu vaccine to/from other pharmacies/pharmacists or other providers such as physicians without permission from the DPEBB.**

8. VACCINE ADMINISTRATION

- Prior to vaccinating all clients, **non-public health providers** must ask each client about their immunization history before reviewing PIP and the client's immunization record in the eHealth Viewer.

Table 2: Influenza Vaccine by Age and Dosage

Age	Vaccine	Dosage (mL)	Number of doses required per season	Comments
6 months to 8 years	QIV	0.5 mL IM	1 or 2 *	None
≥9 years	QIV	0.5 mL IM	1	None
≥65 years	FLUZONE® High Dose QIV (or QIV 0.5 mL if unavailable)	0.7 mL IM	1	Seniors who receive a standard QIV dose are not to be further immunized with a 65+ flu vaccine dose in any season, **as this would be an administration error.**

- * The first time that a child 6 months to 8 years of age (<9 years old) old receives a flu vaccine, a 2-dose schedule with doses given **4 weeks (28 days) apart is required.**
  - **An interval of less than 28 days is a medication administration error.**
- QIV is available until April 30, 2025, to allow children younger than nine years who received their first dose on or prior to the March 31, 2025, to receive their second dose.

Off-site delivery of flu vaccine by pharmacists to specific facilities must be coordinated with local public health offices in the SHA, AHA and FNJs by August 31, 2024**. Pharmacies CANNOT provide mass flu clinics to the public.**

- If local public health confirm that public health (or home care) services will be delivered in the site under consideration, community pharmacists are not permitted to proceed with delivery of flu vaccine at that site unless the transfer of responsibility is agreed to by public health.
- Delivery to congregate living settings must further be coordinated with the facility by the community pharmacy.
- For further information regarding off-site flu vaccine immunization service delivery, including contact information for local public health offices, see **Appendix 2**: ***Community Pharmacists Delivery of Publicly Funded Influenza Vaccine.***

9. COLD CHAIN BREAK MANAGEMENT

Appropriate storage and handling of vaccine is essential to provide safe and effective product to the public. Detailed requirements are outlined in the SIM, Chapter 9 – Management of Biological Products http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf. All exposures of flu vaccine to temperatures outside of +2.0 to +8.0 °C, or to light **must be reported as soon as possible** and within one business day of the occurrence. Following review of the reported CCB, the Ministry will provide confirmation of whether the vaccine remains viable or should be wasted by the vaccine provider.

Report all CCBs as follows:

A. Community pharmacists:

- Refer to **Appendix 4** *How to Complete the Cold Chain Break Report Form.*
- *C*omplete the Cold Chain Break Report form https://www.ehealthsask.ca/services/Manuals/Documents/Cold-Chain-Break-Form-fillable.pdf *in* **Appendix 3** *a*nd fax directly to the Ministry of Health at 306-787-3237.

B. All other vaccine providers:

- Refer to **Appendix 4** *How to Complete the Cold Chain Break Report Form.*
- *C*omplete the Cold Chain Break Report form https://www.ehealthsask.ca/services/Manuals/Documents/Cold-Chain-Break-Form-fillable.pdf *in* **Appendix 3** and fax directly to the SHA, AHA or FNJ local area Immunization Coordinator or designate for review (noted in **Appendix 9**).

10. INFLUENZA VACCINE WASTAGE

Ongoing Wastage Reporting for the SHA, AHA, FNJs, and Community Pharmacists:

All flu vaccine that is wasted must be recorded on the Product Wastage Report form https://www.ehealthsask.ca/services/Manuals/Documents/Product-Wastage-Report-Form-fillable.pdf (see **Appendix 5**) on a monthly basis and faxed **by the 5th day** of the following month to the RRPL at 306-798-0071. Wasted flu vaccines must be disposed of locally according to regional bio-medical waste policy and procedures.

Ongoing Wastage Reporting for all other Vaccine Providers:

All flu vaccine that is wasted by other providers (e.g. physicians, nurse practitioners, other nursing offices) must be recorded on the Product Wastage Report form https://www.ehealthsask.ca/services/Manuals/Documents/Product-Wastage-Report-Form-fillable.pdf (see **Appendix 5**) and provided to your local public health office on monthly basis.

Vaccine Problem Reporting for all Vaccine Providers:
If the vaccine wastage is due to a defective product, a Vaccine Supply Problem Report form https://www.ehealthsask.ca/services/Manuals/Documents/Vaccine-Supply-Problem-Report-Form-Filliable.pdf (see **Appendix 6**) must also accompany the Product Wastage Report form as outlined above.

End of Season Wastage Reporting for the SHA, AHA, FNJs, and Community Pharmacists:
The Ministry of Health will provide direction to the SHA, AHA, FNJs, community pharmacies and pharmacy wholesale distributors as to the management of any remaining flu vaccine stock at the end of the influenza season. If vaccine providers are directed to return vaccine to the PVD at the RRPL, they are responsible to ship the returned vaccine following PVD instructions.

11. ADVERSE EVENTS FOLLOWING IMMUNIZATION

- Monitoring the health and safety of those people to whom flu vaccine is administered is paramount. In Saskatchewan, the reporting of **all** AEFIs is mandatory under *The Disease Control Regulations*.
- All immunizers must immediately notify the Ministry of Health by fax at 306-787-9576 report any unusual, severe, serious or unexpected adverse events assessed to be temporally related to a flu vaccine utilizing the PHAC *Report of Adverse Event Following Immunization* form.
- **Pharmacists must inform their clients to contact them if they have an AEFI.**
- Individuals who call 811 will be referred to the appropriate reporter (pharmacist, physician, public health) for AEFI reporting.
- Non-public health vaccine providers must fax this form to their SHA, AHA or FNJ local public health office as noted in **Appendix 7: *Adverse Events Following Immunization (AEFI) for Publicly Funded Influenza Vaccine*** for review by a MHO, as only an MHO is qualified to make recommendations following a reported client AEFI.
- MHO recommendations will guide future flu immunizations for the client. These recommendations will be communicated to the client by the reporter or other designates (e.g., the vaccine provider) as noted in **Appendix 7**: ***Adverse Events Following Immunization (AEFI) for Publicly Funded Influenza Vaccine*.**
- **Public health must:**
  - Document the AEFI into the client's Panorama immunization record as a client warning and in the comments section under the immunization event (refer to SIM Chapter 4 Appendix 4.2 *Where do I document*?. The AEFI comments are flagged in CQE.
  - Upload the AEFI report into the client's Panorama immunization record.
- Refer to the SIM Chapter 11 Appendix 11.4 for directives on submitting AEFI reports for privately purchased vaccines
- Vaccine providers must report flu AEFIs from previous seasons that are reported by a client upon presentation for vaccine this season. Administration of the current season's flu vaccine should be delayed until receipt of the MHO recommendations.

12. RECORDING REQUIREMENTS - CLIENT RECORD DOCUMENTATION

- **Refer to Table 3: Summary of Documentation Requirement by Client Age and Vaccine Provider**

A. Community Pharmacies:

- Flu vaccine administration to clients (all ages) with valid SK health cards must be entered into the PIP at point of service.
- Clients without valid SK health cards should be referred to Public Health for immunization. However, complete and submit a *Notice of Influenza Vaccine Administration Form* (**Appendix 8;** https://www.ehealthsask.ca/services/resources/Resources/Notification%20of%20Influenza%20Vaccine%20Administration%20Sept.%202023.pdf) if they are immunized by a pharmacist.

B. Public Health:

- Flu vaccine administration to clients (all ages) must be entered into the client's record at point of service or within one business days.
- For historical entry into Panorama, refer to **Appendix 12** to review the historical entry standard work. At minimum, the client's name, date of birth and agent must be entered (see **Table 3** for summary).
- When possible, document all applicable client risk factors into Panorama when this platform is used (N/A for CQE).

C. All Other Immunizers

- Flu vaccine administration to clients (all ages) must be documented:
  - Into their client record within Panorama, Convergence or CQE (as applicable), and
  - Into the client's record maintained by the provider
  - The *Notification of Influenza Vaccine Administration* form (see **Appendix 8**) must be completed by the provider within one business day of administering the vaccine (see **Appendix 9**).
  - Immunizers are to complete either the *Notification of Influenza Vaccine Administration* form, the Influenza Registration Form or the Fluzone High Dose Influenza Registration Form and submit it to panoramareportimms@health.gov.sk.ca.

Table 3: Summary of Documentation Requirement by Client Type and Vaccine Provider

<table>
<tr><th>Client type*</th><th>SHA/AHA/FNJ PH</th><th>Community Pharmacist</th><th>All other Non-Public Health providers</th></tr>
<tr><td>6 months to 59 months</td><td rowspan="2">• Consent form/line lists if not using POS entry
• Entered into Panorama at POS or within 1 business day
• Record of Influenza Immunization Wallet Card may be provided to client if requested.
• Document all applicable client RFs in Panorama when this platform is used (N/A to CQE).</td><td>• N/A</td><td rowspan="2">• Client record maintained by provider and/or Consent form /lists
• Complete either the Notification of Influenza Vaccine Administration form, the Influenza Registration Form or the Fluzone High Dose Influenza Registration Form and submit it to panoramareportimms@health.gov.sk.ca. within 1 business days.
• Back entered by Ministry of Health into Panorama within 5 business days
• Record of Influenza Immunization Wallet Card may be provided to client if requested.</td></tr>
<tr><td>5+ years</td><td>• Recorded in PIP at POS
• Consent form
• Record of Influenza Immunization Wallet Card may be provided to client if requested.</td></tr>
<tr><td>PCH residents</td><td rowspan="2">• Consent form/line lists
• Entered into Panorama at POS or within 1 business day.
• Record of Influenza Immunization Wallet Card provided to client if requested.</td><td rowspan="2" colspan="2">• Refer to Public Health for immunization</td></tr>
<tr><td>Clients without valid SK health cards</td></tr>
</table>

*** For 65+, Inf or InfHD must be documented as applicable.**

13. REPORTING REQUIREMENTS - ADMINISTRATION STATISTICS

- SHA, AHA, and FNJs must submit the number HCWs immunized (by March 31, 2025) and the number of HCWs in the organization (as of March 31, 2025) to the Ministry by **May 3, 2025** to the following email address: **PopHealth@health.gov.sk.ca** with the subject line: ***The SHA, AHA or FNJ name – Flu Stats.***
    - **Immunization statistics not submitted on time will be recorded as data not submitted.** (Refer to **Appendix 10***: Data Collection and Submission Processes for SHA, AHA and FNJs 2024-25*).
- HCW immunization are to be entered at point of service if available, or back entered by Public Health using the *Notification of Influenza Vaccine Administration* form (**Appendix 8**).
- Other administration data will be extracted by the MoH from Panorama or CQE.
- Immunizations provided in PCHs by any immunizer shall be entered at point of service or documented within one business day into Panorama.
- Immunizations provided in LTC facilities by staff nurses or PHNs must be entered at point of service or documented within one business day into **Convergence**.
- FNJs not using Panorama are required to document into CQE.
- The MoH will collect vaccine administration data including PCH data, from community pharmacists via the DPEBB claims system except for all other individuals, which will be collected via Panorama.

14. CHARGES/BILLING

To administer flu vaccines as part of the SIIP, any immunizer or their employer:

- Must not charge a client who has a valid HSN for the administration of the publicly funded flu vaccine, or for the flu vaccine itself; and
- Persons without a valid HSN, who are from out of province, or who are from out of country**, should be directed to a public health immunization clinic for publicly funded flu vaccine, not to pharmacies or physician offices**. *(Not applicable to occupational health immunizations)*
- See **Appendix 9**: ***SHA, AHA, and FNJ Public Health Office Contact Information for Notification and AEFI Report Submission*** for support in locating a public health office.

15. COMMUNICATIONS

- The DPEBB is responsible to issue communication to provincial pharmacies.
- The Saskatchewan Ministry of Health's Communications Branch coordinates with AHA/SHA communications staff to develop consistent public messaging, including eligibility criteria and risk groups, and approaches.
- For provincial media interviews, Saskatchewan's CMHO/Deputy CMHO and the SHA, AHA and FNJs' MHOs are the main spokespersons.
- AHA/SHA/FNJs will ensure clinic details are posted online at the **http://www.4flu.ca** website.
- The Influenza Vaccine English and French fact sheets and related documents will be posted on the Ministry website by August at https://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services/immunization-forms-and-fact-sheets. Refer to **Appendix 11: Resources available from the Publication Centre** for more information about downloadable and orderable resources.

APPENDICES

Appendix 1: 2024-25 Publicly Funded Influenza Vaccines

	AFLURIA® TETRA (Seqirus) QIV split virion	**FluLaval® Tetra** (GSK) QIV split virion	**FLUZONE® Quadrivalent** (SP) QIV split virion	**FLUZONE® High Dose** (SP) QIV split virion
Population	**Everyone ≥ 5 years**	**Everyone ≥ 6 months**	**Everyone ≥ 6 months**	**Individuals ≥ 65 years**
Dose	0.5 mL IM	0.5 mL IM	0.5 mL IM	0.7 mL IM
Components	Latex and gelatin free, and contains both influenza A strains and B viral strains, calcium chloride, dibasic sodium phosphate (anhydrous), monobasic potassium phosphate, monobasic sodium phosphate, potassium chloride, sodium chloride, water for injection. May also contain sodium taurodeoxycholate, ovalbumin (egg proteins) and trace amounts of beta-propiolactone, neomycin sulfate, polymyxin B sulfate, hydrocortisone and sucrose.	Latex and antibiotic free and contains both influenza A strains and B viral strains, sodium chloride, potassium chloride, disodium hydrogen phosphate heptahydrate, potassium dihydrogen phosphate and water for injection, α-tocopheryl hydrogen succinate, and polysorbate 80. May also contain residual amounts of egg proteins (ovalbumin), sodium deoxycholate, ethanol, formaldehyde and sucrose.	Latex, antibiotic and gelatin free and contains all surface antigens of this year's influenza A and B viral strains, formaldehyde, sodium phosphate-buffered, isotonic sodium chloride solution, and Triton® X-100, and may contain traces of egg protein and sucrose.	Latex, antibiotic, thimerosal and gelatin free and contains all surface antigens of both this year's influenza A and B viral strains, Triton® X-100, formaldehyde, sodium phosphate-buffered, isotonic sodium chloride solution and may contain traces of egg protein (ovalbumin).
Preservative	• Thimerosal in multidose vials.	• Thimerosal in multidose vials.	• Thimerosal in multidose vials. • No preservatives in pre-filled syringes	• No preservatives
Normal and Expected Reactions Mild to moderate reactions generally last 1-4 days.	• Injection site pain, redness and swelling; myalgia, headache, malaise, nausea, chills, vomiting, fever.	• Adults - Injection site pain (60%), myalgia (26%), headache (22%), fatigue (22%), and arthralgia (15%) • Children – Refer to SIM chapter 10 FluLaval page.	• Very common (≥10%): pain at the injection site, myalgia, headache, myalgia and malaise. Common (≥1% to <10%): shivering; redness, swelling, induration and ecchymosis at the injection site, fever. • Children six months-35 month of age also experienced irritability, abnormal crying, drowsiness, loss of appetite and vomiting.	• Injection site pain (41%), myalgia (23%), headache (14%) and malaise (13%). • Onset usually occurred within the first 3 days after vaccination. • The majority of solicited reactions resolved within three days of vaccination.
Presentation	• 5 mL multidose vial containing 10 doses of 0.5 mL	• 5 mL multidose vial containing 10 doses of 0.5 mL	• 5 mL multidose vial containing 10 doses of 0.5 mL • 0.5 mL prefilled syringes (thimerosal free)	• 0.7 mL prefilled syringes (thimerosal free)
Contra-indications	• Persons with a history of a severe allergic or anaphylactic reaction to a previous flu vaccine dose or any component of a flu vaccine should discuss their situation with a public health nurse (PHN) or their physician. • Persons who developed GBS within 6 weeks of a previous flu vaccine.			
Instructions for Administration	• The MDV vial must be used within 28 days from removal of the first dose, and between uses, should be returned to the recommended storage conditions between 2°C and 8°C. • The number of needle punctures should not exceed 10 per MDV. • **It is recommended that small syringes (0.5 mL or 1 mL) be used to minimize any product loss.**	• The MDV vial must be used within 28 days from removal of the first dose, and between uses, should be returned to the recommended storage conditions between 2°C and 8°C. • **To get 10 doses out of a vial, GSK recommends that each 0.5 mL dose is withdrawn into a 1 mL syringe equipped with a needle gauge not larger than a 23G**.	• Vaccine may be administered from a MDV that has been opened up to the expiry date indicated on the vial.	• Nothing specific for this vaccine.
Special Instructions –	• Gently shake pre-filled syringes or vials before administration • Vaccine must be contained in the box before and after withdrawing a dose from a vial. • Date vials when opened. • Store at 2°C-8°C. • Do not freeze or use if vaccine has been frozen. • Protect from light. • Pre-drawing is not recommended. • The Ministry recommends that vaccines be administered directly from the fridge or cooler and not warmed to room temperature prior to administration.			

Appendix 2: Community Pharmacists Delivery of Publicly Funded Influenza Vaccine*

Population or Location	Eligible to Bill DPEBB	Requires Coordination with Public Health	How to Proceed with Coordination (if required)
Individuals five years and older	YES	NO	N/A
Home Visits	YES	YES	Contact public health representative (See **Appendix 9**: ***SHA, AHA, and FNJ Public Health Office contact information for Notification and AEFI Report Submission***). If public health (or home care) is not providing service in the home, the pharmacy is permitted to contact the client.
Residents of Congregate Living Settings, PCHs and shelter facilities where public health or other health practitioners are not providing ongoing service.	YES	YES	Contact public health representative (See **Appendix 9: *SHA, AHA, and FNJ Public Health Office contact information for Notification and AEFI Report Submission***). If public health is not providing service in the Facility, the pharmacy is permitted to contact the Facility to inquire into providing service.
Clinics in malls, other spaces	YES	YES	Contact public health representative (See **Appendix 9: *SHA, AHA, and FNJ Public Health Office contact information for Notification and AEFI Report Submission***).

***NOTE: Delivery to congregate living settings and home visits by pharmacists is intended to address barriers to flu immunization for target populations (e.g., frail seniors, immobile persons) and must be coordinated with local public health offices in the SHA, AHA and FNJs by August 31 every year.**

Appendix 3: Cold Chain Break Report Form (2 pages)

Saskatchewan

Cold Chain Break Report Form

COVID-19 vaccines: fax to the Ministry of Health at 306-787-3237
Publicly funded vaccines: fax to the regional immunization supervisor
Pharmacists: fax to the Ministry of Health at 306-787-3237

Complete for all publicly funded products. Do not assume that vaccines must be wasted.

Ensure report is completed in full. If pertinent information is missing, report will be returned for completion.

Section 1

Date of Break: *(yyyy-mm-dd)* **Date of Report:** *(yyyy-mm-dd)* **Reporter Name:**_____

Telephone Number:_____ **Fax Number:**_____ **Reporter Email Address:**_____

Organization (SHA Network, FNJ, AHA, Pharmacy) **Location (Community)** **Facility Name**

_____ _____ _____

Facility type:
☐Public Health ☐Pharmacy ☐Physician office ☐Primary Health Care ☐Long-Term Care ☐Acute Care ☐Employee Health

Are products Quarantined & Labeled DO NOT USE and stored on cold chain? ☐**Yes** ☐**No** *(attach explanation if no)*

Check box for type of break and complete corresponding information:

Section 2

☐ **Vaccine left out of fridge/freezer:**
☐in cooler with cold packs ☐in cooler with no cold packs ☐in package on counter ☐out of package on counter
Vaccine returned to storage within required temperature range on: (date)_____at (time) _____
Maximum length of time outside required temperature range: _____
Room temperature at time of break: _____°C on (date)_____at (time) _____

☐**Fridge/freezer temperature excursion:**
Fridge/freezer temperature when break identified_____°C on (date)_____at (time) _____
Max. temp recorded during break interval_____°C Min. temp recorded during break interval _____°C
Vaccine returned to storage within required temperature range on (date)_____at (time) _____
Maximum length of time outside required temperature range: _____
Last fridge temperature record before the break _____°C on (date)_____at (time) _____
Room temperature before the break_____°C on (date) _____at (time) _____
Is temperature log being submitted? ☐Yes ☐No If No, indicate why: _____
Refrigerator/freezer type:
☐Lab Fridge ☐Biological Fridge ☐Domestic Fridge ☐Bar Fridge ☐ULT Freezer ☐Freezer ☐Thermal Shipper
☐Other_____
Date last serviced: _____
Thermometer/Monitor Type (Not Brand Name):
☐Digital Min/Max ☐Smart Button/Data Logger ☐Warm/Cold Mark ☐Chart/Wheel Recorder ☐Not Monitored
☐Other _____

☐**Break during transportation**
Transportation category: ☐from RRPL to a facility ☐from a wholesaler to a pharmacy ☐from a facility to a facility
Vehicle type (e.g. car/courier) _____ Time delivery received: _____ Time when unpacked:_____
Was there a data logger included in the cooler/container? ☐Yes ☐No
If yes, is it being sent back to RRPL (or if COVID-19 vaccine, to the manufacturer)? ☐Yes ☐No
Was there a warm/cold marker in cooler? ☐Yes ☐No If yes, was it activated? ☐Yes ☐No Reading: _____

Section 3

Description of break: _____
_____
Cause of cold chain break:
☐Human error ☐Power outage ☐Backup generator failed ☐Thermometer malfunction ☐Refrigerator malfunction
☐Other:_____
Corrective action details and additional comments:_____
_____
Were any affected products administered to clients? ☐ No ☐ Yes
If yes, indicate the date the local Medical Health Officer was notified:_____
If yes, identify these products with an asterisk* on page 2 or use a separate page if necessary.

Saskatchewan

Once completed, fax as per instructions on page 1.
Ensure report is completed in full. If pertinent information is missing, report will be returned.

Go to http://www.ehealthsask.ca/services/manuals/Documents/sim-chapter9.pdf for further instructions.

Vaccine Brand or Abbreviation	Manufacturer Name	# of Doses	Lot Number	Expiry date	Open multi-dose vial?	Previous cold chain break?	SK Health USE ONLY	
							Viable	Discard
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		
					☐ Yes ☐ No	☐ Yes ☐ No		

Ministry of Health reviewer:_____ Date: _____

Appendix 4: How to Complete the Cold Chain Break Report

How to Complete the Cold Chain Break Report Form

Section 1
Complete all components of this section. The Reporter is the person who discovered the cold chain break or is responsible for reporting the cold chain break. **Their contact information including email address is required to facilitate follow-up.**

Section 2
There are four categories in this section. The Reporter **only** needs to **fill out the one category** that is most applicable to the cold chain break:

1. **Vaccine left out of fridge** – in cooler, box, on counter, etc.
2. **Fridge temperature excursion** – when fridge thermometer indicates temperatures outside of cold chain maintenance (2 to 8°C).
3. **Break during transportation** – Temperature indicator card and/or data logger indicates break in cold chain during transport from one facility to another (includes vaccine from RRPL, intra-regional transport and transport between wholesalers and pharmacies).
4. **Other situation** – any situation not covered in the three scenarios above. Include as much information about the situation including time, temperature and cause.

All products must be immediately quarantined when involved in a cold chain break.
****Data loggers** that are in the coolers of vaccine found to be in a cold chain break should be sent to RRPL ASAP and marked with the name of the former Regional Health Authority, AHA or FNJ; facility; date of cold chain break and contact person. The data logger should then be put in an envelope and placed back in the cooler to be sent to **Roy Romanow Provincial Laboratory at 5 Research Drive, Regina SK S4S 0A4 NOTE:** This does not apply to vaccines sent from wholesalers to community pharmacies.

Section 3

- **Description of Break:** Provide as much detail as possible regarding the cold chain break including how and why the break occurred.
- **Cause of cold chain break:** Please check off the cause that is most applicable. Provide details of the corrective action or plan.
- **Have any affected products been administered to clients?** Please check off yes or no, and answer subsequent questions as appropriate.

Section 4 (Page 2)

- Document all vaccine information clearly using one line per lot number. List open vial vaccines on separate lines even if lot number is the same. Use appropriate vaccine and manufacturer abbreviations.
- Circle the applicable answer for "open multidose vial" and "previous cold chain break."
- Page 2 will be emailed back to the SHA, AHA or FNJ Immunization Supervisor/ Designate or Community Pharmacist indicating whether the vaccine is:
  - Viable – usable – maintain in cold chain and use as soon as possible; **OR**
  - Discard – not to be used. Discard as per organizational policy.

NOTE: The Ministry of Health will email recommendations to the Immunization Supervisor/Designate or reporting Community Pharmacy as appropriate.

Appendix 5: Product Wastage Report Form

PRODUCT WASTAGE REPORT FORM

FOR COVID-19 VACCINES: FAX THE COMPLETED REPORT TO THE MINISTRY OF HEALTH AT 306-787-3237

For other publicly funded products: fax or mail this completed report to the
Roy Romanow Provincial Laboratory Provincial Vaccine Depot
5 Research Drive, Regina SK S4S 0A4
FAX: 306-798-0071

DO NOT REPORT COLD CHAIN BREAK WASTAGE ON THIS FORM.

USE FOR ALL PRODUCTS including COVID-19 vaccines, Tubersol™, TIg, Ig, RabIg, benzathine penicillin (Bicillin). Diluents do not need to be reported.

Specify Organization (SHA Network Number, NITHA, ISC, AHA, Pharmacy): _____
Location (Community):_____
Facility Name:_____
Facility type: (reporter must check one):
❑ Public Health ❑Pharmacy ❑ Physician office ❑Primary Health Care ❑Long-Term Care ❑Acute Care
❑Employee Health ❑Other _____

Date of wastage: YYYY/MM/DD

Complete all fields in these columns					**Indicate only 1 reason for wastage**		
Product Name, Formulation & Manufacturer	Lot Number	Expiry date YYYY/MM/DD	# of Doses[1]	Open or Closed Vial	Not Administered	EXPIRED	Defective or damaged[3]
				❑ Open ❑Closed			
				❑ Open ❑Closed			
				❑ Open ❑Closed			
				❑ Open ❑Closed			
				❑ Open ❑Closed			
				❑ Open ❑Closed			
				❑ Open ❑Closed			
				❑ Open ❑Closed			
				❑ Open ❑Closed			

[1] For Moderna SPIKEVAX® XBB.1.5 vaccine - reflect the wasted doses based on 10 doses per vial.
[2] This reason includes when thawed open (punctured) and closed (un-punctured) vials COVID-19 vaccine is not used within stability timeframe for (e.g. Pfizer vaccine stored in fridge longer than 10 weeks).
[3] **Note:** Vaccine Problem Report must also be submitted.

Reporter Name (Print): _____
Phone No: _____ **Email:** _____

Sept. 2023

Appendix 6: Vaccine Supply Problem Report **(Page 1 of 2 pages)**

PUBLICLY FUNDED VACCINE PROBLEM REPORT

Fax or mail this completed report to the Saskatchewan Ministry of Health
MAIL: PHN Consultant - Immunization
Saskatchewan Ministry of Health
1st Floor, 3475 Albert Street, Regina SK S4S 6X6
FAX: 306-787-3237

Instructions

- **Complete all applicable sections on page 1 and 2**
- **Please attach or fax a Vaccine Wastage Report for this product**
  EXCEPTION: A Wastage Report is **not** required when reporting less than full number of doses in a COVID-19 vaccine vial.
- A Vaccine Problem Report is to be completed when there is defective or damaged product. **Please include a picture whenever possible.**
- Not all Vaccine Wastage Reports will require a Vaccine Problem Report.

Check Yes or No as applicable:

Wastage Report Attached Yes ❑ N ❑ OR

(Non-COVID-19 Vaccines ONLY): Wastage Report Faxed to RRPL Y ❑ N ❑

1. Reporter name (print): _____
2. Jurisdiction/Region: _____
3. Is product (without needle attached) being returned with this report? **Yes ❑ No ❑**
4. Date the incident occurred: YYYY/MM/DD _____
5. Vaccine brand name: _____
6. Manufacturer name: _____
7. Lot number(s): _____
8. Number of doses affected: _____
9. Problem/Issue Type:

	Dull or missing needle
	Needle separated from syringe during administration
	Contents cloudy
	Contents contains particles
	Illegible label or lot number
	Label missing
	Other –

Details of the problem-issue, including any visible colour or consistency observations in the volume. **For needle/syringe issues (ex. leakage), indicate the brand and size of each.**

_____

_____

_____

Revised Dec 20, 2021
Date received at MOH_____
MoH Reference # _____

Saskatchewan

Appendix 6: Vaccine Supply Problem Report **(Page 2 of 2 pages)**

PUBLICLY FUNDED VACCINE PROBLEM REPORT

Fax or mail this completed report to the Saskatchewan Ministry of Health
MAIL: PHN Consultant - Immunization
Saskatchewan Ministry of Health
1st Floor, 3475 Albert Street, Regina SK S4S 6X6
FAX: 306-787-3237

10. **COVID-19 Vaccines- Drawing less than the full number of doses**

NOTE: One less dose does not need to be reported for Pfizer 12+ vaccine or Moderna vaccine.

a. How many vials were affected? _____

b. How many doses were obtained from the vial(s)?_____

c. Syringe Type:

- Administration: ❑Low dead space (LDS) 1mL ❑Non-LDS 1mL ❑3mL

  Brand:_____

- Reconstitution (if applicable): ❑LDS 1mL ❑Non-LDS 1mL ❑3mL

  Brand:_____

d. Needle Type:

- Administration: ❑25G 1" ❑25G 1.5" ❑Other: _____

  Brand:_____

- Reconstitution (if applicable): ❑21G 1" ❑21G 1.5" ❑Other: _____

  Brand:_____

e. Was the vial inspected prior to reconstitution/administration? Yes ❑ No ❑

11. **Name and contact information for further follow up:**

_____

Please indicate if contact information can be provided to the Manufacturer for their direct follow-up: Yes ❑ No ❑

Revised Dec 20, 2021
Date received at MOH_____
MoH Reference # _____

Saskatchewan

Appendix 7: Reporting Adverse Events Following Immunization (AEFI) for Publicly Funded Vaccines

Healthcare provider is informed of possible AEFI by client and/or directly observes AEFI in client and reviews AEFI user guide to assess reportable criteria. 811 will refer client to Public Health.

↓

If event is reportable: healthcare provider completes AEFI Report Form sections 3; 4a; 4b; 4c if applicable 5; 6; 7a; 7b; 7c; 7d; 8, 9a &/or 9b &/or 9c &/or 9d &/or 9e as applicable; and 10.

↓

Healthcare provider makes copy of report for self and submits completed AEFI report form to AHA/SHA/FNJ that the vaccine was given in.

↓

Upon receiving the AEFI: the SHA, AHA and FNJ MHO's *Recommendations for Further Immunization* (section 11 of AEFI) the healthcare provider contacts the client and informs them of the recommendations. The SHA, AHA and FNJ (that has access to Panorama) must upload the AEFI report and enter the information on the client's Panorama client record as per SIM Chapter 4 Appendix 4.2 *Where do I document.*

↓

SHA, AHA and FNJ submit completed AEFI report and forwards only reportable AEFIs to the Ministry of Health.

↓

Healthcare provider who initiated AEFI report form informs client regarding the MHO's recommendations and refers patient to Public Health if they have further questions.

Refer to SIM Chapter 11 AEFIs Appendix 11.4 to report AEFIs for non-publicly funded vaccines.

Appendix 8: Influenza Form Links

Fluzone High Dose Influenza Registration Form (for 65+ years only)

Influenza Registration Form (all ages for standard dose influenza vaccine)

Notification of Influenza Vaccine Administration (for all ages)

Appendix 9: SHA, AHA, and FNJ Public Health Office Contact Information for Cold Chain Break Notification and AEFI Report Submission

ATHABASCA HEALTH AUTHORITY
Box 124
BLACK LAKE SK S0J 0H0 Tel: 306-439-2200
Fax: 306-439-2212

Former CYPRESS HEALTH REGION (SHA)
#400 - 350 Cheadle Street West
SWIFT CURRENT SK S9H 4G3
Tel: 306-778-5253
Fax: 306-778-5282

FIRST NATIONS & INUIT HEALTH BRANCH
Indigenous Services Division 6th floor,
1783 Hamilton Street
REGINA SK S4P 2B6
Tel: 306-564-9202
Fax: 306-780-8826

Former FIVE HILLS HEALTH REGION (SHA)
1000B Albert Street
Moose Jaw , SK S6H2Y1
Tel: 306-691-2318
Fax: 306-691-2331

Former HEARTLAND HEALTH REGION (SHA)
Box 1300
ROSETOWN SK S0L 2V0
Tel: 306-882-2672 Extension 2293
Fax: 306-882-4683

Former KEEWATIN YATTHÉ HEALTH REGION (SHA)
Box 40
BUFFALO NARROWS SK S0M 0J0
Tel: 306-235-2220
Fax: 306-235-4604

Former KELSEY TRAIL HEALTH REGION (SHA)
Box 727
MELFORT SK S0E 1A0
Tel: 306-752-6310
Fax: 306-752-6353

Former MAMAWETAN CHURCHILL RIVER HEALTH REGION (SHA)
La Ronge Health Centre
227 Backlund Street
P.O. Box 6000
LA RONGE SK S0J 3G0
Phone: 306-425-2422
Confidential Fax: 306-425-8530

NORTHERN INTERTRIBAL HEALTH AUTHORITY
Box 787
PRINCE ALBERT SK S6V 5S4
Tel: 306-953-5000
Fax: 306-922-5020

Former PRAIRIE NORTH HEALTH REGION (SHA)
11427 Railway Ave., Suite 101
NORTH BATTLEFORD SK S9A 1E9
Tel: 306-446-6403
Fax: 306-446-7378

Former PRINCE ALBERT PARKLAND HEALTH REGION (SHA)
2nd Floor L.F. McIntosh Mall 800 Central Avenue
Box 3003
PRINCE ALBERT SK S6V 6G1
Tel: 306-765-6521
Fax: 306-765-6536

Former REGINA QU'APPELLE HEALTH REGION (SHA)
Population and Public Health Services
2110 Hamilton Street
REGINA SK S4P 2E3
Tel: 306-766-7902
Notification forms Fax: 306-766-7906
AEFI questions Fax: 306-766-7607

Former SASKATOON HEALTH REGION (SHA)
Public Health Services
#101 - 310 Idylwyld Drive North
SASKATOON SK S7L 0Z2
Tel: 306-655-4615
Fax: 306-655-4711 **for cold chain breaks**
Fax: 306-655-4893 **for AEFIs**

Former SUN COUNTRY HEALTH REGION (SHA)
900 Saskatchewan Drive
Box 2003
WEYBURN SK S4H 2Z9
Flu Clinic Contact: 306-842-8621
Tel: 306-842-8699
Fax: 306-842-8638

Former SUNRISE HEALTH REGION (SHA)
150 Independent Street
YORKTON SK S3N 0S7
Tel: 306-786-0600
Fax: 306-786-0620

Appendix 10: Data Collection and Submission Processes for SHA, AHA, AND FNJs

Public health is responsible for entering immunizations given by public health into the provincial immunization registry and/or submitting flu vaccine administration data to the Ministry of Health for both public health and the non-public health providers that they have provided vaccine to.

Table 1: Data collection expectations by reporting frequency

Provider	Collection, for	Submission, by age		Reporting Frequency
		SHA, AHA	FNJ	
SHA OH&S/ Employee Health	HCW	*1 age group* • All HCWs regardless of age	*1 age group* • All HCWs regardless of age	*1 submission* [1] • #s immunized as of March 31, 2025 • Total number of HCWs as of March 31, 2025

[1] HCWs are those employed by SHA, AHA and FNJ facilities or affiliated facilities and do not include volunteers, health science students or physicians. Total number of HCWs for the SHA, AHA and FNJ is used to calculate coverage.

Email the HCW administered numbers and the denominators by zone by May 3, 2025 to: PopHealth@health.gov.sk.ca with the subject line: ***(the SHA zone, AHA or FNJ name).***

Appendix 11: Influenza Resources at the Publication Centre

Description	Downloadable	Orderable
Influenza Fact Sheet - English and French	Yes	No
Poster – Who Can Get a Free Flu Shot	No	Yes
Fluzone® High Dose Influenza Vaccine – English and French	Yes	No
Cold, Flu And Allergy Differentiation Fact Sheet	Yes	No
Flu Decision Chart	Yes	No
Poster – Protect Yourself And Others From Influenza	Yes	No
Poster – Fight the Flu – People with Chronic Conditions	Yes	No
Record of Influenza Immunization – Wallet Card	Yes	Yes
Poster - seniors - Fight the flu	Yes	Yes
Poster - mother / daughter - Fight the flu	No	Yes

Appendix 12: Recording Historical Immunizations in Panorama - Influenza

	Name of Activity - Recording Historical Immunizations – Influenza **Role Performing Activity: - Authorized Panorama User**		
Panorama – Immunization Module WORK STANDARD	**Location: SIIP**		**Department: PHB**
	Document Owner: Ministry of Health		
	Date Prepared: September 2018	**Last Revision: August 2024**	**Date Approved: 27 Oct 2020**

Purpose: To ensure that client immunization records are accurate, up-to-date and to ensure patient safety. Information sources include hard copy records (e.g., wallet cards), and notification forms/records from non-public health service providers.

Refer to Panorama Policy - ***Recording Historical Immunization***
https://www.ehealthsask.ca/services/panorama/Immunization%20Library/Recording%20Historical%20Immunizations%20Panorama.pdf.

	Essential Tasks:
1	**Ensure the "Immunization Defaults" for "Apply Defaults to Historical Immunizations" are set to "No".**
2	**Search** for the client using the appropriate **Client Search** variables and set client into context. If required, refer to **Panorama Work Standard** – ***Reviewing and Updating Client Demographics in Panorama*** https://www.ehealthsask.ca/services/Manuals/Documents/SHA%20-%20WS-Reviewing-and-Updating-Client-Demographics-with-details.pdf.
3	In the client's **Immunization Profile,** click on **Add Single Immunization** and select **Add Historical** to enable documentation. *Note: vaccines recorded as 'Historical' will not decrement inventory.*
4	**Document the minimum required information for publicly or non-publicly funded influenza vaccines**: • Agent (e.g., Inf **or** InfHD) *required* • Date Administered – YYYY/MM/DD *required* • Reason for Immunization – not required • Information Source – not required • **Provider - refer to # 5 below when entering a Provider** – not required • Verification Status – defaults to "Not Requested" • Organization - should default to blank – not required • Service Delivery Location - - should default to blank – not required • Consent directives are not required to be entered as per Panorama Policy *Recording Historical Immunizations.* ➢ It is recommended to enter a consent directive in situations where it is provider recorded and the information needed to enter the consent directive such as parent name is available.
5	**Document Only If Provided on Original Notification Form:** • The lot # is not required to enter a historical vaccination, however it is recommended to document in the comments box when known for patient safety reasons (i.e., an adverse event following immunization occurs; a vaccine recall). • When the Lot # is "inventoried" in Panorama, then add the **lot number** by selecting it from the drop down. • Once selected, ensure the *auto-populated* **dosage**, **dosage unit of measurement (UOM), Trade Name, Manufacturer** and **Route** are correct. If the lot number provided is not in the drop down, record it in the comment section as per #6 below. • Injection site - The **Site** is not a required field but should be entered if known.

<table>
<tr><td>6</td><td>Document the Provider type in the drop down list by using the type ahead feature in the provider field:
Type in “Provider” and the following list will be displayed:<table><tr><td>Provider, Licensed Practical Nurse, Licensed Practical Nurse</td></tr><tr><td>Provider, Other, Other</td></tr><tr><td>Provider, Pharmacist, Pharmacist</td></tr><tr><td>Provider, PHC Paramedic, Other</td></tr><tr><td>Provider, PHC Registered Nurse, Registered Nurse</td></tr><tr><td>Provider, PHC Respiratory Therapist, Other</td></tr><tr><td>Provider, Physician, Physician</td></tr><tr><td>Provider, Public Health Nurse, Public Health Nurse</td></tr><tr><td>Provider, Registered Nurse, Registered Nurse</td></tr><tr><td>Provider, Registered Nurse Practitioner, Registered Nurse Practitioner</td></tr><tr><td>Provider, Registered Psychiatric Nurse, Registered Psychiatric Nurse</td></tr></table>If the Provider type is not listed in the dropdown list (e.g., Physician Assistant) or is unknown, use Provider Other, Other.
If the provider name is listed, ensure this is documented.</td></tr>
<tr><td>7</td><td>Document any additional information (i.e. Name of pharmacy/physician’s office, and vaccine brand name by clicking the Add button under Comment and entering the information. Click Apply to add the comment.</td></tr>
<tr><td>8</td><td>Click Apply at the top of ‘add immunization’ box, and then click Save at the top of page.</td></tr>
</table>

Appendix 13: Mass Immunization Clinic Infection Control Recommendations

Immunizers shall adhere to strict infection prevention and control standards and procedures.

Purpose

- To protect the health of clients and public health employees.
- To prevent the transmission of infectious diseases from person to person.
- To maintain public confidence in the immunization services and delivery.

Clinic advertisement

- Inform clients if physical distancing measures and mask use are in effect in mass immunization clinics.
- Clients are to be made aware that health screening ay occur prior to immunization.
- Special population clinics (e.g., for seniors, or those who are immune compromised) should be clearly stated.

Space requirements

- Clinic location can accommodate clients without overcrowding, to accommodate physical distancing measures.
- Proper waste management/disposal.
- Tables, counters, chairs and mats that are easily cleaned and disinfected.
- Separate waiting area for individuals who have been immunized, taking into account physical distancing
- Food, beverages, toys, etc. are not used by clients or staff in the clinic area.

Supplies

- Posters and factsheets on hand hygiene, cough etiquette and infection prevention messages.
- Sufficient alcohol-based hand sanitizer (ABHS) gel, foam or wipes and lotion for clinic staff and clients.
- Surgical masks, face shields, goggles.
- Disposable gloves.
- Surface disinfectant wipes, disinfectant spray, paper towels, disposable cloths, hands-free garbage cans with plastic liners.
- Disposable tissues.

Immunizers

- Shall apply physical distancing measures between immunization stations.
- Shall disinfect chair and table surfaces between all clients.
- Screen clients for symptoms before immunizing them.
- Hand hygiene shall be practiced according to policy including:
  - ✓ Before entering and leaving the work area.
  - ✓ Before preparing or handling sterile products or medications.
  - ✓ Before and after contact with a client.
  - ✓ After removing disposable gloves.
- Food and beverage consumption, including water bottles, is not permitted in clinical areas.

Clients

- Screen selves for illness.
- Signage shall be posted at the entrance to the facility to advise the public that they are required to use ABHS upon entering and leaving the facility and touching door handles; to practice cough etiquette, and if they have disease symptoms that they will not be immunized and should leave the facility immediately.
- All clients shall use ABHS upon sitting at the immunization station.
- Apply physical distancing practices to reduce crowds in queues and post-immunization observation areas to prevent potential transmission.

Appendix 14: Immunization Clinic Supply List Recommendations

OFFICE SUPPLIES	
Paper 8.5” x 11”	Sticky tack for posters
Pen, pencils, highlighters, sharpies	Sticky notes and large wall post for staff updates
Envelopes	File boxes/lock boxes/file folder system
Clipboards	Date stamps, stamp pads
Scissors, staplers, staples, paperclips	Black clips 2” and 1” for papers
Tape	Secure folders for transfer of health information
Rubber bands to bundle vaccines	Transparent page protectors
IT REQUIREMENTS	
Laptops	Telephones, cell phones, chargers
Computer/TV for screening/information videos	2-way radios
Scrolling text for waiting areas for screens/monitors	Power bars
Thumb drives, MiFi drives	Extension cords
Portable printers/scanners	Portable projector
SECURITY REQUIREMENTS	
Organization approved ID Badges for staff, volunteers	Master schedules
Sign-in/sign-out station for staff, volunteers	Staff temperature screening list and screening station
Volunteer confidentiality forms	
OTHER ITEMS	
Ear protection or back of head strap holders	Bright coloured duct tape
CVA vehicles SUV or van when possible	Juice boxes
Maintenance support/assistance	Mini water bottles
Plexiglas partitions to set on tables – protect set up	Locking plastic bags
Sit-stand chairs – local need for injury prevention	Transportation of dangerous goods forms
Stickers	Poster for HCW to self-identify to nurses
Totes or duffle bags to transport supplies	Hand sanitizer dispenser stations or bottles
Rolls of clear packing film to wrap carts or bungee cords	Electronic signage
Tape measures for 6-foot physical distancing	
IMMUNIZATION SUPPLIES/EQUIPMENT	
Vaccine (and diluent/adjuvant if applicable)	Face shield
3 mL syringes with safety needles, 25 gauge 1”	Biohazard yellow bags (for gowns)
3 mL syringes	Bandages
25 G 1" safety needles	Biohazard waste boxes and liners
25 G 1½" safety needles	Hand Sanitizer
1 mL 25 G tuberculin syringes	Anaphylaxis kits
18 G 1” needles	Stethoscope
Cotton balls	Blood pressure cuffs (child and adult reg. and large)
Sharps containers (4 L or larger)	Pocket masks with one way valve – child and adult
Sharps containers (small)	Vaccine insulated cooler bags/coolers
Procedure towels	Ice/cold packs
Brown paper bags	Latex-free gloves – assorted sizes
Alcohol swabs	Min-Max thermometers
Chlorhexidine swabs	Thermometers for client temperature checking
Goggles intruder safety, clear, anti-fog lenses with cleaner	Mats
Surgical masks - disposable	Blankets
Disposable gowns	Mask with visor
DOCUMENTATION AND SUPPORT FORMS	
SIIP document	AEFI report forms
Consent forms	Blood and body fluid exposure incident form
Line list form	Emergency phone lists
Vaccine fact sheets	Team lists/Team Schedule
Vaccine product monographs	Vaccine Count sheets
Mass Immunization Plan (Annex)	Stat forms – child entry into Panorama, track HCWs
Immunization Wallet cards	Vaccine temperature monitoring sheets
Incident Report form	Freeze Watch/Warm Mark indicators

GENERAL SUPPLIES AND EQUIPMENT	
Tables	Cart for wheeling supplies
Chairs	Spray cleaning solution
Table covers	Disinfectant wipes
Screening drapes (portable partitions) for privacy	Paper towels
Traffic ropes and rope stands	Facial tissues
Signage	Flashlight
Garbage bags	Supplies for washrooms (soap, toilet paper, paper towel)